CHAPTER 4

Rules and Regulations of the Behavioral Health Division
Mental Health and Substance Abuse Services

Substance Use Treatment Standards

Section 1. Authority. This Chapter is promulgated by the Wyoming Department of Health pursuant to W.S. §§ 7-13-1601 through 1615; W.S. § 9-2-102; W.S. § 9-2-2701; W.S. §§ 35- 1 - 611 through 627; 2013 Wyoming Session Laws 206; and the Wyoming Administrative Procedure Act at W.S. §§ 16-3-101 through 115.

Section 2. Purpose and Applicability. These rules have been adopted to establish minimum standards for certification of substance use treatment providers.

Section 3. Organizational Requirements.

(a) The provider shall have documentation filed with the Secretary of State evidencing the authority to conduct business within the State of Wyoming.

(b) The provider shall have written policies and procedures that address the following:

(i) Client confidentiality;

(ii) The treatment process and clinical protocols, including the type of infractions or conditions that must occur for a client to be terminated from a provider;

(iii) Fiscal management including the development of an annual budget;

(iv) A fee schedule;

(v) Placement of clients in the appropriate level of care based on ASAM criteria, as incorporated by reference in Chapter 1, Section 4(b);

(vi) Contents of clinical files;

(vii) Quality of care reviews;

(viii) Continuing education of staff and cross-training as applicable;

(ix) Relevant insurance maintenance;

(x) A strategic plan that articulates the provider's goals and objectives; and

(xi) Medication assisted treatment, if applicable.

(c) The provider shall evaluate progress toward the goals established in the strategic plan and make the results of the evaluation available to the Division.

Section 4. Client Confidentiality, Consents and Grievance Procedures.

(a) Providers shall ensure compliance with state and federal law and other legal restrictions affecting confidentiality of alcohol, drug abuse and health records in all aspects of assessment, treatment and coordination of services.

(b) Providers shall utilize consent for treatment forms signed by the client or legal guardian, if applicable.

(c) Providers shall review clients' rights with the client and legal guardian, if applicable, obtain the signature of the client and legal guardian, if applicable and provide a copy of the signed document to the client and legal guardian, if applicable.

(d) Providers shall have a client grievance procedure. At a minimum, the procedure shall include review by the provider's executive director and review by the governing board, when applicable.

Section 5. Required Personnel. Clinical services shall be provided by qualified clinical staffs that are capable of:

(a) Monitoring stabilized mental health illnesses;

(b) Recognizing any instability of clients with co-occurring mental health diagnoses; and

(c) Obtaining and interpreting information regarding the client's bio-psychosocial and spiritual needs.

Section 6. Clinical Oversight.

(a) Clinical oversight shall be provided by a qualified clinical supervisor as defined in W.S. § 33-38-102(a)(xiii), the Mental Health Professions Practice Act.

(b) At a minimum, clinical oversight shall consist of one (1) contact per month between a clinical supervisor and treatment staff or peer consultation if the provider is one person.

(c) A clinical supervisor shall provide oversight and performance evaluation of clinical staff in the core competencies as identified in the Technical Assistance Publication Series (TAP) 21-A, Competencies for Substance Abuse Treatment Clinical Supervision, published by the Substance Abuse and Mental Health Services Administration (SAMHSA). Supervision or peer consultation shall be clinical, not administrative, and supervision or peer consultation shall be part of the provider's staff development plan.

(d) The requirements of TAP 21-A, Competencies for Substance Abuse Treatment Clinical Supervision, published by SAMHSA are incorporated herein by this reference as of the effective date of this Chapter. This incorporation by reference does not include any later amendments or editions of the incorporated matter. The incorporated matter may be viewed at http://store.samhsa.gov/product/TAP-21-A-Competencies-for-Substance-Abuse-Treatment-Clinical-Supervisors/SMA13-4243 or copies may be obtained at cost from the Department.

(e) Clinical oversight or peer consultation shall include, at a minimum, documentation of regular meetings showing that consultation took place. This documentation can be completed by either party.

Section 7. Client Case Record.

(a) Each client's case record shall contain the following documentation, as applicable:

(i) Intake;

(ii) A form signed by the client or legal guardian demonstrating receipt of program policies and procedures governing the treatment process and that they understand and accept the policies and procedures. Appropriate consequences shall be documented in regard to infractions that do not require immediate termination, and shall be addressed in the client's individualized treatment plan with appropriate timeframes for clients to address infractions prior to terminating the client;

(iii) Clinical assessments;

(iv) Diagnosis and diagnostic summary;

(v) Treatment plans and periodic updates of treatment plans;

(vi) Progress notes;

(A) Progress notes shall document the condition of the client and progress or lack of progress toward specified treatment goals. Progress notes shall be detailed enough to allow a qualified person to follow the course of treatment.

(B) Progress notes for individual, IOP and group therapy sessions shall be completed as they occur. The dates of services shall be documented as part of each individual or group therapy session progress note.

(C) Progress notes shall be signed by the staff providing services to the client.

(vii) Consent to receive treatment signed by the client or legal guardian;

(viii) A statement signed by the client or legal guardian affirming that confidentiality was explained to them and that they understand what information is protected and under what circumstances information can or cannot be released;

(ix) A form signed by the client or legal guardian affirming that they understand the procedures for filing a complaint;

(x) Client rights form signed by the client or legal guardian;

(xi) Releases of client confidential information completed in full and signed by the client or legal guardian and the provider;

(xii) Referrals;

(xiii) Quality of care reviews;

(xiv) Correspondence relevant to the client's treatment, including all letters and dated notations of telephone conversations conducted by provider staff;

(xv) Documentation showing the client was given information regarding communicable diseases, referred for screening, and provided linkages to appropriate counseling;

(xvi) Documentation of any prescribed medication, including MAT, containing:

(A) Documentation the client was fully apprised about the medication;

(B) Documentation of the assessment for the medication;

(C) Documentation of each prescribed medication; and,

(D) Documentation of medication monitoring.

(xvii) If MAT services are not provided by the provider and a client of the provider is utilizing MAT, documentation of collaboration and attempts to collaborate with a qualified provider of MAT; and

(xviii) Continued stay, transition and discharge planning.

(b) All documentation shall reflect the unique needs of each individual client and their response to treatment utilizing ASAM criteria, as incorporated by reference in Chapter 1, Section 4(b).

Section 8. Clinical Screening and Assessment.

(a) A provider shall, at a minimum, complete a nationally recognized withdrawal assessment tool such as the Clinical Institute Withdrawal Assessment (CIWA-R) for alcohol for screening clients at risk of experiencing withdrawal symptoms if indicated. The results of this instrument will indicate if the client needs to be referred for detoxification services.

(b) A provider serving adults shall utilize the ASI or such other assessment tool as designated by the Division following input from a statewide committee process. The identification of the approved assessment tool shall be disseminated to all certified treatment providers by the Division. An assessment tool with content that meets or exceeds the content of the ASI may be used upon approval of the Division. Assessments can only be completed by a qualified clinical staff.

(c) Assessments for adults shall include comprehensive information regarding the client's bio-psychosocial spiritual needs.

(d) A provider serving adolescents shall utilize a bio-psychosocial assessment tool which, at a minimum includes the following domains: medical, criminal, substance use, family,

psychiatric, developmental, academic, and intellectual capacity; physical and sexual abuse history; spiritual needs; peer, environmental and cultural history; and, assessment of suicidal and homicidal ideation.

(e) When making a diagnosis, a provider shall utilize diagnostic tools which are standard for the field and which are acknowledged by the Division and payer sources.

(f) A provider shall utilize the ASAM criteria, incorporated by reference in Chapter 1, Section 4(b), as part of the assessment process, including the dimensional criteria for each domain which shall be addressed in the assessment of each client's need for treatment.

(g) A provider shall adequately assess the client's need for case management services as described in Section 12 and develop a written plan as part of the client's treatment plan for providing case management services, as applicable.

(h) A provider shall develop a diagnostic statement summarizing the above elements to assure clarity of client need and treatment recommendations.

(i) When a client is transferred from another provider and an assessment has been completed, the receiving provider must complete a transfer note showing that the assessment information was reviewed. Further, the provider must determine if the client needs are congruent with this assessment and make needed adjustments to treatment recommendations.

(j) A provider may utilize other instruments in addition to those required by these rules.

Section 9. General Standards for Providers of Outpatient Substance Use Treatment and IOP.

(a) IOP services shall, at a minimum:

(i) Consist of nine (9) hours per week of structured clinical treatment programming for adults and six (6) hours per week of structured clinical treatment programming for adolescents;

(ii) Be provided three (3) times a week with no more than three (3) days between clinical services, excluding holidays;

(iii) Last eight (8) weeks in duration;

(iv) Be available within two (2) weeks of the assessment unless the provider has no capacity to provide the service or the client is not able to begin the program. If the provider has no capacity to provide the service within two (2) weeks, engagement services or referral to another provider with the capacity shall be provided; and

(v) Address the client's needs for psychiatric and medical services through consultation and referral arrangements if the client is stable and requires only maintenance monitoring.

(b) Therapies and Intervention Services.

(i) Services shall be provided in an amount, frequency and intensity appropriate to the client's individualized treatment plan.

(ii) Family therapy shall be utilized when indicated by client needs, involving family members, guardians and/or significant other(s) in the assessment, treatment and continuing care of the client.

(iii) Providers that provide group therapy shall ensure that a group is composed of two or more unrelated individuals for the purpose of implementing each person's treatment plan. Group therapy shall be based on evidence-based practice or promising practice and may include psycho-education, skills development, cognitive-behavioral therapy, support, and interpersonal processing. 12 Step Programs are not considered group therapy.

(iv) For clients with mental health concerns, the issues of psychotropic medication, mental health treatment and their relationship to substance use disorders shall be addressed, and intervention strategies shall be deployed as the need arises. Providers that provide co-occurring treatment shall offer therapies to actively address, monitor, and manage psychotropic medication, mental health treatment and the interaction with substance use related disorders.

(v) Providers utilizing MAT shall establish processes which include the following:

(A) A face-to-face assessment to confirm the client's diagnosis in accordance with Section 8;

(B) A determination of the appropriateness of the client for MAT;

(C) Verification that the patient does not have contraindications to MAT;

(D) Identification of any co-occurring medical conditions; and

(E) Access to counseling.

(vi) Services shall include recovery supports or a referral to recovery supports, as applicable.

(c) Individualized Treatment Planning.

(i) Treatment plans shall be completed when treatment is initiated and updated at a minimum of every ninety (90) calendar days.

(ii) Treatment plans shall be developed with the client. The client and clinical staff responsible for the course of treatment shall sign the individualized treatment plan.

(iii) Treatment plans shall be developed utilizing the assessment information, including the diagnosis and ASAM criteria, incorporated by reference in Chapter 1, Section 4(b).

(iv) Treatment plans shall document outcome driven goals and measureable objectives. Plans shall specify the changes in the client's symptoms and behaviors that are expected during the course of treatment in the current level of service and shall be expressed in measurable and understandable terms. The goals shall describe the desired improved functioning level of the client utilizing the six dimensions of the ASAM criteria, incorporated by reference in Chapter 1, Section 4(b).

(v) Treatment plans shall integrate mental health issues if included as part of the assessment and diagnosis, if identified as part of the assessment process, or at any point during the course of treatment.

(vi) Treatment plans shall document the use of MAT as it relates to dimension two of the ASAM criteria, incorporated by reference in Chapter 1, Section 4(b);

(vii) Treatment plans shall be evaluated throughout the course of treatment based on ASAM criteria, which are incorporated by reference in Chapter 1, Section 4(b). Modifications shall be made as clinically indicated. Reviews shall include a written description within the client record of progress for each stated goal and can be completed within the progress notes or as part of an ASAM criteria dimensional review.

(viii) Treatment plans shall list the steps the client will take to meet each stated objective.

(ix) The provider shall attempt to coordinate, when feasible, a plan that addresses individual client needs when the client is receiving services from primary care and/or other human services agencies, including, but not limited to, the Department of Education, Department of Family Services, Department of Workforce Services, or Department of Corrections.

Section 10. Driving Under the Influence/Minor in Possession (DUI/MIP) Education Services.

(a) A provider of DUI/MIP education services shall assure that each client is assessed consistent with the requirements in Section 8.

(i) When the assessment results indicate a need for additional services, the provider shall make the appropriate referrals.

(ii) Each assessment shall include documentation of a review of the blood alcohol level at time of arrest and driving record of the client.

(iii) Authorizations to release medical records including drug and alcohol treatment records to the court and the Department of Transportation, Driver Services shall comply with state and federal law.

(b) If the provider does not conduct the assessment, a copy of the recommendations resulting from an assessment shall be obtained in compliance with state and federal law from the entity completing the assessment.

(c) The provider shall maintain records documenting client attendance and course completion or failure to attend or complete.

(d) The provider shall provide a minimum of eight (8) hours of client face-to-face services utilizing a Division-approved, nationally recognized curriculum that is appropriate to age and developmental levels.

(e) Curriculums for adult and adolescent services must be separate curricula and services must be provided separately.

(f) In order to complete the course, clients shall be required to develop a personal action plan based on nationally accepted practices setting forth actions he/she will take in the future to avoid violations. A copy of the written plan shall be maintained in the clinical file.

(g) Upon completion of the course, the provider will provide a certificate of completion to the client. It is the client's responsibility to notify the court of completion.

(h) The failure of a client to follow the court order or to meet the requirements of the Department of Transportation, Driver Services to successfully complete the course shall be reported to the court and any supervising or probation agent and/or the Department of Transportation within ten (10) business days of course date. Authorizations to release medical records including drug and alcohol treatment records to the court and the Department of Transportation, Driver Services shall comply with state and federal law.

Section 11. Early Intervention Services. Providers providing early intervention services may develop their own education curriculum substantiated by evidence based practice.

Section 12. Case Management Services.

(a) Case management services may be provided directly or through memorandum of agreement among multiple agencies or providers.

(b) Providers shall collaborate with other agencies, providers, and services in the community to meet individual client needs based on ongoing assessments when applicable and when possible based on available services in the community. Special emphasis will be placed on coordinating with other providers, including, but not limited to education institutions, vocational rehabilitation, recovery supports and workforce development services to enhance the client's skill base, chances for gainful employment, housing, community resource supports, and other options for independent functioning.

Section 13. Continued Stay, Transfer and Discharge Criteria.

(a) The provider will follow ASAM criteria, incorporated by reference in Chapter 1, Section 4(b), to determine continued stay, transfer and discharge of clients as applicable.

(b) Discharge summaries shall contain a summary of pertinent case record information and any plan for continuing care, referral or admission to another level of care.

(c) The client's ASAM criteria, incorporated by reference in Chapter 1, Section 4(b), shall be reviewed by the clinical staff person responsible for treatment at a minimum of one (1) time per month or whenever the client's condition changes significantly and the level of care recommendation shall be documented in the clinical record.

Section 14. Temporary Waivers.

(a) The Division may grant a waiver of any standard in this Chapter if the Division determines that requiring immediate compliance with a particular standard would create an undue hardship on a provider and that temporary noncompliance would not impair the quality of the services being provided.

(b) A request for a waiver may be made to the Division at any time the provider deems a standard represents an undue hardship and shall be made in writing.

(c) Prior to or as a condition of granting a waiver the Division may:

(i) Set a time limit on the effective duration of the waiver; and

(ii) Require the provider to submit a written plan to the Division setting forth proposed methods of achieving compliance with the standard within the time frame of the waiver.

(d) The Division shall communicate to the provider in writing its decision on a waiver request.

Section 15. Variances.

(a) The Division may grant a variance of any standard in this Chapter if the Division determines that such variance shall maintain or enhance the quality of the provider's operation and client services. A variance is a permanent change to a required standard to enhance the quality of services as opposed to a temporary waiver that is granted to give the provider additional time to comply with a standard.

(b) A request for a variance may be made to the Division at any time and shall be made in writing.

(c) The Division shall communicate to the provider in writing its decision on a variance request.

Section 16. Severability. If any portion of this Chapter is found to be invalid or unenforceable, the remainder shall continue in full force and effect.